

AUG 20 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22151

1. PLACE OF DEATH

County CamdenRegistration District No. 120Township RussellPrimary Registration District No. 5172City (No.)File No. Registered No. 8St. Ward

2. FULL NAME

(a) Residence No. James Edgar Buntch St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Anna Buntch

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug. 15-1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.381017

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

mo

10. NAME OF FATHER

Charles Buntch

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

mo

12. MAIDEN NAME OF MOTHER

Emma Love

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT

(Address)

Charles Buntch
Maack Creek Mo.

15.

FILED

7/2, 1930
D. G. Myers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 2nd 1930

17.

I HEREBY CERTIFY, That I attended deceased from June 1st 1930, to July 2nd 1930, that I last saw him alive on July 1st 1930, and that death occurred, on the date stated above, at 12:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Acute Articular Rheumatism
56E(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

D. G. Myers

M. D.

July 2nd 1930 (Address) Maack Creek Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Maack CemeteryJuly 3rd 1930

20. UNDERTAKER

ADDRESS

W. A. GreachMaack Creek Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

